

Internal Revenue Service

Date: April 6, 2005

LIZA M LOPEZ HBA PRESIDENT-ELECT
[REDACTED]
[REDACTED]

Department of the Treasury
P. O. Box 2508
Cincinnati, OH 45201

Person to Contact:

Dee Anna Jarmon [REDACTED]
Customer Service Specialist

Toll Free Telephone Number:

8:30 a.m. to 5:30 p.m. ET
877-829-5500

Fax Number:

513-263-3756

Federal Identification Number:
[REDACTED]

Dear Sir or Madam:

As requested in your Form 4506-A, I have enclosed a copy of Form 1023 for Hispanic Bar Association of New Jersey.

If you have any questions, please call us at the telephone number shown in the heading of this letter.

Please accept our apology for the delay in responding to your request and for any inconvenience this may have caused you or your organization.

Sincerely,

Marilyn Baker

Marilyn Baker, Manager, TE/GE
Customer Account Services

Enclosures: Copy of 1023 Application

Application for Recognition of Exemption Under Section 501(c) or for Determination Under Section 120

To be filed in the tax district in which the organization has its principal office or place of business. (See instructions.)

Check the appropriate box below to indicate the section under which you are applying.

- ☐ Section 501(c)(2) — Life saving corporations (Schedule A, page 6)
- ☐ Section 501(c)(4) — Civic leagues, social welfare organizations (including certain war veterans' organizations), etc. (Schedule B, page 6)
- ☐ Section 501(c)(5) — Labor, agricultural, or horticultural organizations (Schedule B, page 7)
- ☒ Section 501(c)(6) — Business leagues, chambers of commerce, etc. (Schedule C, page 7)
- ☐ Section 501(c)(7) — Social clubs (Schedule D, pages 7 and 8)
- ☐ Section 501(c)(8) — Fraternal beneficiary societies, etc., providing life, sick, accident or other benefits (Schedule E, page 8)
- ☐ Section 501(c)(9) — Voluntary employees' beneficiary associations (Schedule F, pages 8 and 9)
- ☐ Section 501(c)(10) — Domestic fraternal societies, orders, etc., not providing life, sick, accident or other benefits (Schedule F, page 8)
- ☐ Section 501(c)(12) — Benevolent life insurance associations, mutual ditch or irrigation companies, mutual fire or fire insurance companies, etc. (Schedule G, page 9)
- ☐ Section 501(c)(13) — Cemetery, crematorium, and like organizations (Schedule H, page 10)
- ☐ Section 501(c)(14) — Mutual insurance companies or associations other than fire or marine (Schedule I, page 10)
- ☐ Section 501(c)(17) — Trusts providing for the payment of supplemental unemployment compensation benefits (Schedule J, page 11)
- ☐ Section 501(c)(19) — War veterans' organizations and auxiliary units (Schedule K, page 12)
- ☐ Section 501(c)(20) — Trust organizations for pro-poor group legal services (Parts I, II, and Schedule M, page 13)
- ☐ Section 120 — Qualified group-term life insurance (Parts I, II, and Schedule L, page 13)

Every organization must furnish the information specified. If any organization does not furnish the information and data required, this application will not be considered on its merits, the organization will be notified accordingly, and the application may be returned. If you need more space for any item, you may attach additional statements. Please show your name and organization identification number on all attachments.

Central organizations applying for a group exemption letter — See Rev. Proc. 77-38, 1977-2 CB 571, or later regulations, or see Publication 557, How to Apply for and Retain Exempt Status for Your Organization, available from any Internal Revenue office.

This application, if approved, will be open to public inspection. (See General Instruction F.)

Most organizations must complete Parts I through IV. In addition, an organization must complete the schedule indicated above that relates to the Code section under which it is applying.

If the organization does not have an organizing instrument, do not complete this application.

Part I.—Identification (See instructions)

1(a) Full name of organization Puerto Rican Bar Association of New Jersey, Inc.		1(b) Employer identification number, if any, and specific instructions Part I, (b) Applied For	
2(a) Address (number and street) P.O. Box 756, Newark, New Jersey 07101			
2(b) City or town, county, State and ZIP code Newark, New Jersey 07101		3 Name and telephone number (including area code) of person to be contacted during business hours Margarita Behavarría (201) 461-4416	
4 Month the annual accounting period ends December		5 Date incorporated or formed 10/20/80	
7(a) Has the organization filed Federal income tax returns?		6 A-1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 21, 22, 23, 24, 25, 26, 27, 28, 29, 30, 31, 32, 33, 34, 35, 36, 37, 38, 39, 40, 41, 42, 43, 44, 45, 46, 47, 48, 49, 50, 51, 52, 53, 54, 55, 56, 57, 58, 59, 60, 61, 62, 63, 64, 65, 66, 67, 68, 69, 70, 71, 72, 73, 74, 75, 76, 77, 78, 79, 80, 81, 82, 83, 84, 85, 86, 87, 88, 89, 90, 91, 92, 93, 94, 95, 96, 97, 98, 99, 100	

If "Yes," state the return number(s), year(s) filed, and Internal Revenue office where filed.

7(b) Has the organization filed exempt organization information returned?

If "Yes," state the form number(s), year(s) filed, and Internal Revenue office where filed.

Part II.—Type of Entity and Organizational Documents (See instructions)

Check the applicable entity box below and attach a conformed copy of the organization's organizing and operational documents as indicated for each entity.

- ☒ Corporation—Articles of incorporation, bylaws ☐ Trust—Trust instrument ☐ Other—Constitution or articles, bylaws, employer adopted plan

Under the penalties of perjury, I declare that I am authorized to sign this application on behalf of the above organization, and I have examined this application, including the accompanying statements, and to the best of my knowledge and belief it is a true and correct statement of the organization.

Margarita Behavarría
Signature

President

(Date or authority of signer)

12/1/80
Date